MDS-ALS: The Mini-Series
Session #1

Case Mix Team

June 2022

MDS-ALS
Welcome

New MDS-ALS Coordinator

Confidence

Training Wheels

Helmet for safety

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MDS-ALS: The Mini-Series
Agenda

MDS-ALS Training: Mini-Series #1

➤ History of MDS
➤ Purpose:
➤ Definitions
➤ Type of Assessments
➤ Schedule of Assessments
➤ Case Mix Index and RUGs
➤ Accuracy and Sanctions
➤ Resources
➤ Quality Indicators

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MDS-ALS: The Mini-Series
Training Requirement

MaineCare Benefits Manual, Chapter II, Section
2.07-1.A.4.a:

Only staff trained in completion of the MDS-ALS
by the Department may conduct or coordinate
assessments.

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MDS-ALS
History

Once upon a time…

a workgroup made up of providers, Muskie School and DHHS representatives was established, in 1994, to provide recommendations for development of:

o   MDS-ALS form design and content
o   Classification system
o   Case Mix payment system
o   Quality Indicators

o   And so it all began…

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History

2002 Time Study

16 facilities, with a total of 81 residents, participated in this three-day time study.

The results identified seven groups and one default group, for a total of eight case mix groups, based on the time required to provide care for the residents.

The same tool was used as the MDS-RCA with a few modifications:
•   There was no entry tracking form
•   No correction policy
•   Different payment items

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Who, Where, Why and, When…
of Case Mix

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So… *Who* completes the MDS-ALS?

…The MDS Coordinator with a little help from:

✓ The resident
✓ Personal Support Specialists
✓ CRMA
✓ family
✓ clinical records
✓ And any other staff

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Assessor's Responsibilities:

- Conduct interviews
- Read the manual
- Attend training
- Accuracy and timeliness
- Maintain confidentiality
- Edit and submit all MDS-ALS
- Review validation reports

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And… *Where* is the assessment done?

MDS assessment is completed in the facility
  ➢ All residents
  ➢ Regardless of payer source

The MDS cannot be completed if the resident is *not* in the facility. For example, if in the hospital or on a therapeutic leave

How long do we have to complete the form once the resident has returned?
Case Mix expectation is usually 14 days (based on significant changed criteria)

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And… *Why* do we need to do MDS-ALS Assessments?

1. To provide information to guide staff in developing a realistic individualized Service Plan.
2. To place a resident into a payment group within the Case Mix System.
3. To provide information that determines the Quality Indicators.
4. To show an accurate picture of the resident's condition, the type and amount of care needed.
5. Improve equity of payment to providers.
6. Provide incentives to facilities for accepting residents with higher care needs.
7. Strengthens the quality of care and quality of life for residents.

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Schedule of Assessments:

Type of Assessment	When It is Completed	Schedule
Admission Assessment	initial admission	By the end of 30th day after admission as represented by S2b date; Admission date is counted as day one.
Semi-Annual Assessment	Within 180 days of the last MDS-ALS, sequenced from the S2b date of the previous assessment	Within 7 days of the assessment date entered in A5, as represented by S2b date
Annual Assessment	Within 12 months of the most recent MDS-ALS assessment	Within 7 days of Assessment date entered in A5 as represented by S2b date
Significant Change Assessment	Only if significant change has occurred	By 14th day after change has occurred as represented by S2b date
Other	When requested by Case Mix Nurse. This will "reset" the clock for all subsequent assessments	Within 7 calendar days of Case Mix nurse visit as represented by S2b date
Discharge Tracking Form	When a resident is discharged, transferred or deceased	Within 7 days of the event
Basic Assessment Tracking Form Identification Information	Provides key information to uniquely identify each resident and to track the resident in an automated system	Complete with all assessments and discharges within 7 days of the event

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When do you complete a Significant Change MDS-ALS assessment:

- Resident has experienced a "major change"
- The change is not "self-limited"
- Impacts two or more areas of the resident's clinical status
- Requires revision of the service plan
- Improvement or decline

Documentation of an event or situation that may lead to completion of a significant change assessment must be in the resident's clinical record.

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Timeliness

MaineCare Benefits Manual, Chapter II, Section 2, §207-1.A.8:

"The Department will sanction providers who fail to accurately complete assessments in a timely manner."

MaineCare Benefits Manual, Chapter II, Section 2, §207-1.A.8.e:

e. 10% (sanctions) of MaineCare payments if the provider fails to complete reassessments within 7 days of a written notice/request by the Department.

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Accuracy

Only staff trained in completion of the MDS-ALS by the Department may conduct or coordinate assessments. **(MBM, chapter II, Section 2, §207.1A.4.a)**

The Department requires documentation to support the time periods and information coded on the MDS-ALS. (MBM, chapter II, Section 2, §207.1A.4.c)

Penalty for Falsification: The Department may sanction a provider whenever the provider willfully and/or knowingly certifies (or causes another individual to certify) a material and false statement in an assessment. **(MBM, chapter II, Section 2, §207.1A.4.d)**

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And…. What is Case Mix

Payment Groups

Payment Items

Documentation Requirements

Sanctions

RUGS
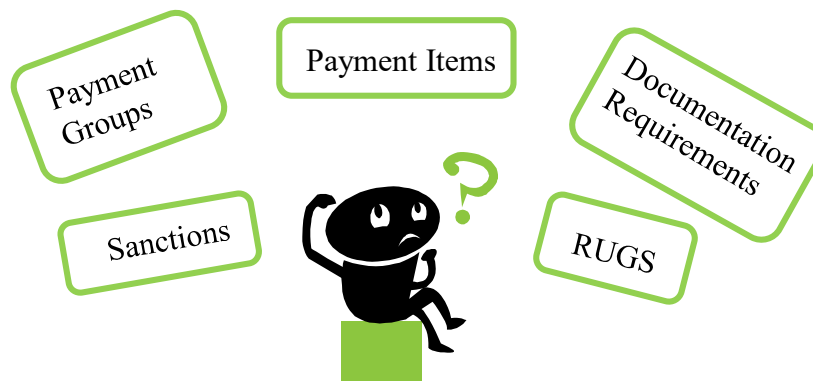
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Case Mix Quality Assurance Review

About every 6 months, a Case Mix nurse reviews a sample of MDS assessments and resident records to check the accuracy of the MDS assessments and also checks to see if documentation is present in the resident's clinical record as required in the MaineCare Benefits Manual.

Insufficient, inaccurate or lack of documentation to support information coded on the MDS-ALS may lead to an error.

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MaineCare eligibility for Adult Family Care Home

Members who are financially eligible must also meet specific eligibility requirements to determine medical necessity of AFC services, as determined by the MDS-ALS assessment tool.

The MDS-ALS assessment must show the member's need for *assistance or cueing with a minimum of two ADLs*.

MaineCare Benefits Manual Chapter II, Section 2.02-2

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Determination of eligibility for Adult Family Care Home

MaineCare will cover services only when an individual is determined by the Department or its authorized agent to be both medically and financially eligible for MaineCare.

The provider shall inform the local DHHS office when a person will be moving into the facility and will need financial assistance to pay for his or her care. (OFI)

Complete an MDS-ALS within thirty (30) days of admission

Notify the local regional DHHS office when the member has been admitted. The local DHHS office must also be notified at the time of discharge (OADS)

Submit a valid MDS-ALS assessment for each member in order for the Department to compute the member's classification group resource weight necessary for payment.

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Poor Documentation could mean…

Lower payment than the facility could be receiving, OR

Overpayment which could lead to re-payment to the State (Sanctions). This is due to either overstating the care a resident received or insufficient documentation to support the care that was coded.

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Sanctions:

2%	Error rate 34% or greater and less than 37%
5%	Error rate 37% or greater and less than 41%
7%	Error rate 41% or greater and less than 45%
10%	Error rate 45% or greater
10%	If requested reassessments not completed within 7 days

Sanctions can also be imposed by Program Integrity based on their review of required documentation.

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Case Mix Resident Classification Groups and Weights

There are **8** case mix classification or RUG (Resource Utilization Groups) groups, including one default group used when a resident cannot be classified into one of the other 7 classification groups.

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	Weight	RUG Code	ALS Score	ADL Score	IADL/B Score	Rate 7/1/19	Rate 7/1/20
1	1.657	AV2	ALS 7-9	ADL 7-28		$91.62	$94.20
2	1.210	AV1	ALS 7-9	ADL 0-6		$66.90	$68.79
3	1.360	AH2	ALS 5-6	ADL 7-28		$75.19	$77.32
4	1.027	AH1	ALS 5-6	ADL 0-6		$56.78	$58.39
5	0.924	AM2	ALS 2-4		IADL 12-18	$51.09	$52.53
6	0.804	AM1	ALS 2-4		IADL 10-11	$44.45	$45.71
7	0.551	AL1	ALS 0-4		IADL 0-9	$30.47	$31.32
8	0.551	BC1	Unclassified			$30.47	$31.32

Step 1. ALS = Assisted Living Score
Step 2. ADL= Activities of Daily Living
Step 3. IADL = Instrumental Activities of Daily Living

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The ADL index score is determined as follows:

ADL Function	Self-Performance	MDS-ALS Code	ADL Score
1. Bed Mobility (G1aa)	Independent	0	0
2. Transfer (G1ba)	Supervision	1	1
3. Locomotion (G1ca)	Limited Assistance	2	2
4. Dressing (G1da)	Extensive assistance	3	3
5. Eating (G1ea)	Total Dependence	4	4
6. Toilet Use (G1fa)	Activity did not occur	8	4
7. Personal Hygiene (G1ga)			

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Step 1:
B3 Cognitive Skills
E1 Mood Indicators;
G5Ac and G5Ag transportation and telephone use;
H4 ability to manage incontinent supplies;
O5f self-administration of medications;
O6 Med preparation and Administration;
P10 Physician Order days

Step 1: Calculate Living Assistance Score		
Modified Cognitive Skills		If value B3>0 then Score=1, otherwise score =0
B3	Cognitive skills for daily decision-making	
Indicators of Depression, Anxiety, and/or Sad Mood		Count number of items in Section E1 that are >0. If total count is 0, 1 or 2 then Score = 0; if total count is 3 or more, then score =1 in the shaded score area.
E1a	Negative statements	
E1b	Repetitive questions	
E1c	Repetitive verbalizations	
E1d	Persistent anger with self or others	
E1e	Self deprecation	
E1f	Expressions of what appear to be unrealistic fears	
E1g	Recurrent statements that something terrible is about to happen	
E1h	Repetitive health complaints	
E1i	Repetitive anxious complaints/concerns	
E1j	mood in morning Unpleasant	
E1k	Insomnia/change in usual sleep pattern	
E1l	Sad, pained, worried facial expressions	
E1m	Crying, tearfulness	
E1n	Repetitive physical movements	
E1o	Withdrawal from activities of interest	
E1p	Reduced social interaction	
E1q	Inflated self-worth	
E1r	Excited behavior, motor excitation	
	Total	
Assistance with use of the telephone or arranging transportation		If value of G5ac or G5ag=1 or 2, Score =1 in the shaded score area, otherwise enter 0 in the shaded area
G5Ac	Transportation	
G5Ag	Assistance to use telephone	
	Total	
Management of Incontinence Supplies		If H4=0 Score=0; If H4=1, Score=1; If H4=2, Score=2; If H4=3, Score=0
H4	Ability to manage incontinent supplies	
Self-Administration of Medications		If O5f=1, Score = 0; Otherwise Score = 1;
O5f	Self-administration of over the counter medications	
Medication Preparation and Administration		If O6=0, Score=1; If O6=1, Score=2; If O6=2, Score=1; If O6=3, Score=0;
O6	Did resident prepare and administer any of his/her own medications	
Physician's Orders		If value P10>0, Score=1; Otherwise Score=0.
P10	Number of days physician changed orders	
Total of all shaded boxes in Step 1, column A. This is the Daily Living Assistance Score		

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Item	Description	MDS-ALS Value (A)	ADL or IADL/B value (B)
Step 2: Calculate ADL score			
Activities of Daily Living (ADL)		If response = 0, Score 0; If response = 1, Score 1 If response = 2, Score 2; If response = 3, Score 3 If response = 4, Score 4; If response = 8, Score 4;	
G1Aa	Bed mobility, self-performance		
G1Ba	Transfer, self-performance		
G1Ca	Locomotion, self-performance		
G1Da	Dressing, self-performance		
G1Ea	Eating, self-performance		
G1Fa	Toilet Use, self-performance		
G1Ga	Personal hygiene, self-performance		
	Total all ADL items to calculate ADL score		

Total the score for each of the seven items. If the ALS score was 5-9, use the ADL score to calculate the final RUG score.

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Step 3: Instrumental Activities of Daily Living and Bathing (IADL/B)

Bathing		If G2 =0, Score=0; If G2 =1, Score=1 If G2 =2, Score=2; If G2 =3, Score=3 If G2 =4, Score=4; If G2 =8, Score=0;
G2	Bathing, self-performance	
Instrumental Activities of Daily Living		If response = 0, Score=0; If response = 1, Score=1 If response = 2, Score=2; If response = 3, Score=3 If response = 4, Score=4; If response = 8, Score=0;
G5Aa	Arranging for shopping	
G5Ab	Shopping	
G5Ad	Managing finances	
G5Ae	Managing cash, allowance	
G5Af	Prepares snack	
G5Ah	Light housework	
G5Ai	Laundry	
	Total IADL	
	Total IADL and Bathing (IADL/B)	

Note: this does not include transportation or assisting with use of the telephone.

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MaineCare Adult Family Care Home RUG group: Use scores from Assistance with Living Score and the higher of ADL and IADL/B scores to determine classification group from chart below.

				RUG code	

	RUG Code	ALS Score	ADL Score	IADL Score	Weight
1	AV2	ALS 7-9	ADL 7-28		1.657
2	AV1	ALS 7-9	ADL 0-6		1.210
3	AH2	ALS 5-6	ADL 7-28		1.360
4	AH1	ALS 5-6	ADL 0-6		1.027
5	AM2	ALS 2-4		IADL 12-18	0.924
6	AM1	ALS 2-4		IADL 10-11	0.804
7	AL1	ALS 0-4		IADL 0-9	0.551
8	BC1	Unclassified			0.551

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Unverified MDS-ALS Record (Documentation Error)

vs.

Unverified Resource-Adjusted Group Record

(Payment Error)

- An **Unverified Resource-Adjusted Group Record** counts towards the final "error rate" presented at the time of the exit interview. It is an error in a item that is used to calculate the resource group.
- An **Unverified MDS-ALS Record** does not count towards the final error rate.
- Both types of errors must be corrected

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Resident Records MUST contain the following:

1. Name, birthdate, MaineCare ID number;
2. Names and addresses for nearest relatives, guardian, power of attorney, physician or primary care provider;
3. Contract;
4. Resident assessments (MDS-ALS) for at least 12 months, in clinical record or stored electronically If the facility does not have an electronic signature policy, there must be a hard copy of the completed signature page for the MDS-ALS;
5. Monthly summary of services delivered, frequency of delivery, and identity of the person who delivered the service;

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Resident Records (continued)

6. Progress notes written regularly and at least monthly which state the progress the member has made;
7. Medication Administration Record (MAR);
8. Copies of orders for all medications and treatments;
9. Record of physician or primary care provider visits;
10. Record of rehabilitation or therapy, if any;
11. Documentation of any incidents or accidents.
12. Other information as necessary.

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Professional RN Services

• A professional nurse (RN) must monitor the status and needs of each member when medically necessary in the RN's professional judgment and at least every 90 days.

• The RN shall review the MDS-ALS, progress notes, and medications, discuss the status of the member with the provider, see the member face-to-face if medically necessary, and initial and date the member's individual service plan at least every 90 days.

• This information must be maintained in the member's record

(MaineCare Benefits Manual Chapter II, Section 2.04-1B.1)

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Individual Service Plan

- Providers must develop and implement an individual service plan for each member.
- This plan must be based upon the results of the assessment. The plan must contain long- and short-range goals (as appropriate), and identify the resources and strategies necessary to meet the goals.
- The plan must describe the specific personal care services and other services required by the resident, specify who will perform each service and how frequently.
- The provider must also include other items, as appropriate, such as orders for medications and treatments, safety measures to protect against injury, nutritional requirements and therapeutic diets, and discharge plans, etc.
- Additionally, for cognitively impaired residents, providers must include activities, safeguards for wandering, and behavior management approaches in the individual service plan.

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Questions?

This completes session #1 of the MDS-ALS Mini-Series.

Email the help desk to register for training sessions, forum calls or to send questions for the forum call.

MDS-ALS3.0.dhhs@maine.gov

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Reminders:

Quarterly **Residential Care Forum Calls** are held in March, June, September, and December;   Call the MDS help desk to register. *We hope to implement an Adult Family Care Home Forum Call soon.*

ASK questions!

ASK more questions!

Attend training as needed

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Case Mix Team
Contact Information

- **MDS Help Desk**: 624-4095 <u>or</u> toll-free: 1-844-288-1612
      MDS3.0.DHHS@maine.gov

- **Debra Poland RN**: 215-9675
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Questions?

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